

FINANCIAL AFFIDAVIT

CJA 23
(Rev. 5/98)

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

IN UNITED STATES
IN THE CASE OF☐ MAGISTRATE ☒ DISTRICT ☐ APPEALS COURT or ☐ OTHER PANEL (Specify below)

USA

VS.

Tanaga Guidry

FOR
AT

FILED

AUG 29 2008

8-29-08

MICHAEL W. DOBBINS
CLERK, U.S. DISTRICT COURT

PERSON REPRESENTED (Show your full name)

Tanaga Guidry

CHARGE/OFFENSE (describe if applicable & check box →)

18 USC §§ 1343, 2

☒ Felony
☐ Misdemeanor

- 1 ☒ Defendant - Adult
 2 ☐ Defendant - Juvenile
 3 ☐ Appellant
 4 ☐ Probation Violator
 5 ☐ Parole Violator
 6 ☐ Habeas Petitioner
 7 ☐ 2255 Petitioner
 8 ☐ Material Witness
 9 ☐ Other (Specify) _____

LOCATION NUMBER

DOCKET NUMBERS

Magistrate

District Court

Court of Appeals

08 CR 670-2
08 CR 670

ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

ASSETS	EMPLOYMENT	Are you now employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Am Self Employed	
	OTHER INCOME	Name and address of employer: _____	
		IF YES, how much do you earn per month? \$ _____ IF NO, give month and year of last employment _____ How much did you earn per month? \$ _____ 11-06	
	CASH	If married is your Spouse employed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, how much does your Spouse earn per month? \$ _____ If a minor under age 21, what is your Parents or Guardian's approximate monthly income? \$ _____	
Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No RECEIVED SOURCES IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ THE SOURCES 551 551 benefits only 648/month			
PROPERTY	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	VALUE DESCRIPTION IF YES, GIVE THE VALUE AND \$ DESCRIBE IT		
OBLIGATIONS & DEBTS	DEPENDENTS	MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> SEPARATED OR DIVORCED Total No. of Dependents: 5	
	DEBTS & MONTHLY BILLS (LIST ALL CREDITORS, INCLUDING BANKS, LOAN COMPANIES, CHARGE ACCOUNTS, ETC.)	APARTMENT OR HOME: _____ Creditors Student loans ISAC \$ 1,400 groceries/kids' needs \$ 211 \$ 200-300	

I certify under penalty of perjury that the foregoing is true and correct. Executed on (date) 8/29/2008

SIGNATURE OF DEFENDANT
(OR PERSON REPRESENTED)

Tanaga Guidry